



Voter Data Request Form

Please select one of the following:

☐ Electronic File ☐ Printed List ☐ Mailing Labels

EXHIBIT

SE 2

VOTER INFORMATION AUTHORIZATION

NOTE: Minimum charge for any request is \$25.00

Please indicate the purpose of this request:

☐ Governmental Use

☐ Campaign Use

☒ Election Related

Please indicate the type of file that you are requesting:

☒ Statewide

☐ District _____

☐ County(s) _____

☐ Other: _____

Please indicate all information that you are requesting:

NOTE: All files come with registrant name, address (both physical and mailing), year of birth, party affiliation, precinct assignment, jurisdiction and registrant ID number. Any additional fields must be indicated below.

☒ Districts

(all districts associated with a voter)

☐ Voting History

(elections a voter has participated in)

☐ Method Voted

(i.e. absentee, early or Election Day)

☐ Other*: _____

*If you request information that is not available in the voter system you will be notified before request is fulfilled.

Information of Requestor

Name: Craig Swanson

Organization: i360 LLC

Address: 2300 Clarendon Blvd, Suite 800, Arlington, VA 22201

Phone: (703) 672-2694

Email Address: cswanson@i-360.com

Date: 04 / 25 / 2022

Authorization

Unlawful use of the information requested on this form shall consist of willful selling, loaning, providing access to or otherwise surrendering, duplicating or alteration of information as stated in the Voter Records System Act (§1-5-1 through 1-5-31 NMSA 1978).

I hereby swear that the requestor will not use or make available to others to use the requested material for purposes other than governmental, election, research and campaign purposes under penalty of law.

Craig Swanson

Signature of Requestor

For Office Use Only

Total Cost: \$ _____ Date Received: _____ / _____ / _____ Date Completed: _____ / _____ / _____

Comments: _____ Receipt Number: _____



Voter Data Request Form

Please select one of the following:

☒ Electronic File ☐ Printed List ☐ Mailing Labels

VOTER INFORMATION AUTHORIZATION

NOTE: Minimum charge for any request is \$15.00

Please indicate the purpose of this request:

☐ Governmental Use ☒ Campaign Use ☐ Election Related
☐ Research ☐ Other _____

Please indicate the type of file that you are requesting:

☐ Statewide ☒ District NM House District 51
☐ County(s) _____
☐ Other: _____

Please indicate all information that you are requesting:

NOTE: All files come with registrant name, address (both physical and mailing), year of birth, party affiliation, precinct assignment, jurisdiction and registrant ID number. Any additional fields must be indicated below.

☒ Districts (all districts associated with a voter) ☒ Voting History (elections a voter has participated in) ☒ Method Voted (i.e. absentee, early or Election Day)
☒ Other*: All Republicans registered in the newly redistricted NM House District 51

*If you request information that is not available in the voter system you will be notified before request is fulfilled.

Information of Requestor

Name: John Block Organization: John For New Mexico
Address: 1111 Tenth Street, #402, Alamogordo, NM 88310 Phone: (575) 201-3230
Email Address: info@johnform.com Date: 01 / 26 / 2022

Authorization

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Signature of Requestor

For Office Use Only

Total Cost: \$ _____ Date Received: _____ / _____ / _____ Date Completed: _____ / _____ / _____
Comments: _____ Receipt Number: _____



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SECRETARY OF STATE

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☐ Electronic File
 ☐ Printed List
 ☐ Mailing Labels

VOTER INFORMATION AUTHORIZATION

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Please indicate the purpose of this request:

☒ Governmental Use
☐ Research
☐ Campaign Use☐ Election Related☒ Other info for Constituent letter

Please indicate the type of file that you are requesting:

☐ Statewide
☐ County(s)
☐ Other:
☒ District 6 - Senate

Please indicate all information that you are requesting:

NOTE: All files come with registrant name, address (both physical and mailing), year of birth, party affiliation, precinct assignment, jurisdiction and registrant ID number. Any additional fields must be indicated below.

☒ Districts
 (all districts associated with a voter)

☐ Voting History
 (elections a voter has participated in)

☐ Method Voted
 (i.e. absentee, early or Election Day)

☒ Other*: Number of people in each County in district 6

*If you request information that is not available in the voter system you will be notified before request is fulfilled.

Information of Requestor

Name: Roberto "Bobby" J. Gonzales Organization: SenatorAddress: 26 Lavender LanePhone: 505 770 - 3178Email Address: Roberto.Gonzales@nmls.govDate: 2/11/2022Tammy Jaramillo@nmls.gov

Authorization

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Signature of Requestor

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☒ Campaign Use

☐ Election Related

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☒ Statewide

☐ County(s) _____

☐ Other: _____

☐ District _____

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☐ Voting History

(elections a voter has participated in)

☐ Method Voted

(i.e. absentee, early or Election Day)

☐ Other*: _____

*If you request information that is not available in the voter system you will be notified before request is fulfilled.

Information of Requestor

Name: Brian Lloyd Organization: Democratic Party of New Mexico
 Address: 223 Solano Dr. NE Albuquerque NM 87108 Phone: (505) 747-7520
 Email Address: brian@nmdemocrats.org Date: 3/11/2022

Authorization

Unlawful use of the information requested on this form shall consist of willful selling, loaning, providing access to or otherwise surrendering, duplicating or alteration of information as stated in the Voter Records System Act (§1-5-1 through 1-5-31 NMSA 1978).

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Brian Lloyd

Signature of Requestor

For Office Use Only

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 Comments: _____ Receipt Number: _____



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☐ Method Voted

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☐ Other*: _____

*If you request information that is not available in the voter system you will be notified before request is fulfilled.

Information of Requestor

Name: Brian Lloyd

Organization: Democratic Party of New Mexico

Address: 223 Solano Dr. NE Albuquerque NM 87108

Phone: (505) 747-7520

Email Address: brian@nmdemocrats.org

Date: 4/19/2022

Authorization

Unlawful use of the information requested on this form shall consist of willful selling, loaning, providing access to or otherwise surrendering, duplicating or alteration of information as stated in the Voter Records System Act (§1-5-1 through 1-5-31 NMSA 1978).

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Brian Lloyd

Signature of Requestor

For Office Use Only

Total Cost: \$ _____

Date Received: _____/_____/_____

Date Completed: _____/_____/_____

Comments: _____

Receipt Number: _____